



**ENROLLMENT AND BENEFICIARY DESIGNATION FORM**  
**Retirement Plan and Trust for the Employees of the Town of Davie**

I, \_\_\_\_\_ do hereby request to participate in the Retirement Plan and Trust for the Employees of the Town of Davie and the provisions of the Plan as provided to me and agree to the provisions of the Plan.

In the event of my death prior to termination of employment, I hereby designate the following Beneficiary(s) to receive my death benefit from the Plan.

**Name of Participant:** \_\_\_\_\_ **Social Security #:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**General Employee**

**Date of Birth:** \_\_\_\_\_ **Date of Employment:** \_\_\_\_\_

**Address:** \_\_\_\_\_

*Beneficiaries under legal age will be granted their appropriate distribution in accordance with this form unless a specific Custodial Trust was established prior to the death of the participant, or an estate settlement changes the designation. It is the responsibility of the beneficiary to notify the Trustee (Participant's Employer) of any existing custodial or other arrangement.*

**Primary Beneficiary:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contingent Beneficiary (ies)** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Benefit Percentage** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contingent Beneficiary (ies)** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Benefit Percentage** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contingent Beneficiary (ies)** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Benefit Percentage** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

The right to revoke this designation by the Participant is reserved by signing and filing with the Board a new designation-of-beneficiary form. The consent of a participant's beneficiary to any change of beneficiary shall not be required.

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Date Witnessed)

\_\_\_\_\_  
(Signature of Witness:  
Plan Official or Notary Public)